Application	or Docket	Number
ADDIICATION	OI DOCKEL	Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS			· · · · · · · · · · · · · · · · · · ·		<u>.</u>		RATE	FEE	7	RATE	FEE	
F(	OR		NUMBER	NUMBER FILED		BER EXTRA		BASIC FEE		OR	BASIC FEE	<del> </del>
TO	OTAL CHARGE	ABLE CLAIMS	4 mir	4 minus 20= *				X\$ 9=	<b> </b>	OR	X\$18=	
INI	DEPENDENT C	LAIMS	m	inus 3 =	*			X43=	<del>                                     </del>	OR	X86=	
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT							1 1		
* If the difference in column 1 is less than zero, enter "0				"0" in c	column 2	l	+145= TOTAL		OR	+290= TOTAL	770	
	С	CLAIMS AS A	MENDEL	) - PAR'	TII			IOIAL		OR	OTHER	770
_	<del></del>	(Column 1)	<b>T</b>	(Colum	nn 2)	(Column 3)	. ,	SMALL		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE *		RATE	ADDI- TIONAL FEE
S S	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF MU	Minus	***	CL AINA	=		X43=		OR	X86=	
	PIROT PRESE	INTATION OF INC	JUIPLE DEF	ENDEN	CLAIN			+145=		OR	+290=	
	•						L	TOTAL ADDIT. FEE		ا <sub>يدا</sub> ا	TOTAL ADDIT. FEE	
<del></del>		(Column 1)		(Colum		(Column 3)		(DUH. 1 E.E.		1.mr 1	40011.1	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Indep ndent	* NTATION OF MU	Minus	***	CL AIRA	=		X43=		OR	X86=	
	FINOTITIEUE	MATION OF WIL	LIPLE DEF	ENDEN	CLAIIVI		<b>'</b> [	+145=		OR	+290=	
			•				L	TOTAL DDIT. FEE	•		TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)		DDII. I CC			10011.7 22	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
S	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent		Minus	***	3: 4114	=		X43=	·	OR	X86=	
	FIRST PRESER	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM			+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Proviously Poid Fee" IN THIS SPACE is less than 90 and 100 "												
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE												